

FORM RD-125

(12/14)

City of Kansas City, Missouri - Revenue Division CIGARETTE LICENSE APPLICATION



Phone: (816) 513-1120
E-file: kcmo.gov/quicktax

Legal Name: _____ Mailing Address: _____
DBA Name: _____
FEIN / SSN: _____ Business Address: _____
Account ID: _____
Period From: _____ Period To: _____

1. Number of locations of over the counter Sales (Attach a list of locations if more than one)	1	
2. Number of Salesmen or Owner of Vending Machines or Operator of Vending Machines	2	
3. Number of Vending Machines (Attach a list of locations of vending machines)	3	
4. Wholesaler	4	

DOLLARS		
5. Amount Due (Total of lines 1, 2, 3, and 4 multiplied by \$1.00)	5	.
6. Amount Paid	6	.
7. Enter the date business closed or discontinued selling cigarettes	7	/ /
		MM DD YY

DO NOT SEND CASH. Make check payable to: KCMO City Treasurer

Mail to: City of Kansas City, Missouri, Revenue Division, 414 E 12th Street, 2nd Floor - East, Kansas City, MO, 64106-2786

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or (816) 513-1120.

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer.

Under penalties of perjury, I declare this return to be true, correct, and complete accounting for the taxable year stated.

Yes ☐ No ☐

Print Name of Taxpayer	Signature	Title	Date	Phone
Preparer Name (if other than taxpayer)	Signature	Title	Date	Phone